

Austin Lobby Quarterly Activity Report Cover Sheet

FORM QAR
COVER SHEET

1 LOBBYIST NAME	TITLE; FIRST; MI Gay T.	PAGE # 13
	LAST; SUFFIX Erwin	ACCOUNT # 00090635
2 EMPLOYING ENTITY	Entity/Organization Name Strategic Partnerships, Inc.	OFFICE USE ONLY
3 LOBBYIST PERMANENT BUSINESS STREET ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 S Mopac Bldg I #100 Austin, TX 78746	Date Received ELECTRONICALLY FILED 07/12/2021
		Receipt #
		HD / PM Amount
		Date Processed
4 LOBBYIST BUSINESS MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 S Mopac Bldg I #100 Austin, TX 78746	Date Imaged
5 LOBBYIST REGISTERED UNDER BUSINESS ENTITY		

Austin Lobby Quarterly Activity Report Municipal

FORM QAR SCHEDULE Municipal Question

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipal Question: Sch: 1/1 Rpt: 2/13
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4 MUNICIPAL QUESTION	Meeting requests to demonstrate clients products or services.
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5 MUNICIPAL QUESTION PERTAINING TO REAL PROPERTY	The municipal question pertain to real property
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6 REAL PROPERTY	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP
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7 PROPERTY DESCRIPTION	
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SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Accessibility or Persons with Disabilities | <input type="checkbox"/> 14 Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> 26 Permits (Building, Site Plans) |
| <input type="checkbox"/> 2 Affordability | <input type="checkbox"/> 15 Finance, Budget, or Investments | <input type="checkbox"/> 27 Permits (Other) |
| <input type="checkbox"/> 3 Animals | <input type="checkbox"/> 16 Health, Healthcare, Mental Health, or Human Services | <input checked="" type="checkbox"/> 28 Public Safety, Police, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> 4 Annexation | <input type="checkbox"/> 17 Historic Preservation | <input checked="" type="checkbox"/> 29 Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> 5 Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> 18 Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> 30 Quality of Life Affairs |
| <input checked="" type="checkbox"/> 6 Aviation | <input type="checkbox"/> 19 Human Rights or Immigration | <input type="checkbox"/> 31 Real Estate |
| <input type="checkbox"/> 7 City Infrastructure or Public Works | <input type="checkbox"/> 20 Labor or Workforce | <input type="checkbox"/> 32 Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> 8 Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> 21 Land Development or Land Use | <input type="checkbox"/> 33 Taxation or Fees |
| <input type="checkbox"/> 9 Code Compliance | <input type="checkbox"/> 22 Municipal Court | <input checked="" type="checkbox"/> 34 Technology or Communications |
| <input checked="" type="checkbox"/> 10 Construction | <input type="checkbox"/> 23 Municipal Legislation | <input checked="" type="checkbox"/> 35 Transportation or Mobility |
| <input checked="" type="checkbox"/> 11 Contracts or Procurement | <input type="checkbox"/> 24 Neighborhoods | <input type="checkbox"/> 36 Zoning or Platting |
| <input type="checkbox"/> 12 Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> 25 Parks, Recreation, Libraries, or Museums | <input type="checkbox"/> 37 OTHER _____ |
| <input type="checkbox"/> 13 Economic Development | | |

**Austin Lobby Quarterly Activity Report Client
Identity, Compensation or Reimbursement****FORM QAR
SCHEDULE Client Compensation**

1 LOBBYIST NAME Erwin, Gay		2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 1/7 Rpt: 3/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.		
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI		
	LAST; SUFFIX Aramark		
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP		
	2400 Market Street, 8th floor Philadelphia, PA 19103		
7 NATURE OF CLIENT'S BUSINESS	Food & facility services		

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input checked="" type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client
Identity, Compensation or Reimbursement****FORM QAR
SCHEDULE Client Compensation**

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 2/7 Rpt: 4/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX ECM International	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 404 Eecutive Center Blvd El Paso, TX 79902	
7 NATURE OF CLIENT'S BUSINESS	Project management	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENTFOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR
SCHEDULE Client Compensation

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 3/7 Rpt: 5/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX Halff Associates	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 8616 NW Plaza Dr. Dallas, TX 75225	
7 NATURE OF CLIENT'S BUSINESS	Engineering services	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR
SCHEDULE Client Compensation

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 4/7 Rpt: 6/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX JE Dunn Construction	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1001 Locust St. Kansas City, MO 64106	
7 NATURE OF CLIENT'S BUSINESS	Construction services	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client
Identity, Compensation or Reimbursement****FORM QAR
SCHEDULE Client Compensation**

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 5/7 Rpt: 7/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI	
	LAST; SUFFIX McKinstry	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 13465 Midway Rd. #100	
	Dallas, TX 75244	
7 NATURE OF CLIENT'S BUSINESS	Facility services	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input checked="" type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client
Identity, Compensation or Reimbursement****FORM QAR
SCHEDULE Client Compensation**

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 6/7 Rpt: 8/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX Pitney Bowes	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1 Elmcroft Rd. Stamford, CT 06926	
7 NATURE OF CLIENT'S BUSINESS	Mailing services	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client
Identity, Compensation or Reimbursement****FORM QAR
SCHEDULE Client Compensation**

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 7/7 Rpt: 9/13
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX Safebuilt LLC	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 3755 Precision Dr. #140 Loveland, CO 80538	
7 NATURE OF CLIENT'S BUSINESS	Community development services	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Statement of No Activity-Lobbyists
Registered Under a Business Entity
Statement of No Activity**

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Municipla Question: Sch: 1/1 Rpt: 10/13
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This information serves as the electronic signature of the person legally responsible for filing this report.

Lobbyists or registrants who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the conditions below.

I received no Client Compensation or Reimbursement during this reporting period (Section 4-8-6(A)(2)).

I made no Expenditure for lobbying during this reporting period (Section 4-8-6(A)(3)).

I am not aware of an exchange of money, goods, services, or anything of value in the amount of \$500 or more between the registrant with whom I am employed and a business entity with whom a City official is a proprietor, partner, director, officer, manager, employer, employee, or in which a City Official has a substantial economic interest (Section 4-8-6(A)(4)).

I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (Section 4-8-6(A)(4)).

I have no registration information to update (Section 4-8-5 and 4-8-6(A)(1)).

☐ I have read the conditions above and confirm that I have no reportable activity to disclose during the reporting period

Gay Erwin

Signature of Filer

Austin Lobby Quarterly Activity Report Expenditure Totals

FORM QAR
SCHEDULE Expenditure Totals

1 LOBBYIST NAME Erwin, Gay		2 LOBBYIST ID 00090635	3 Total pages Schedule Expenditure Totals: Sch: 1/1 Rpt: 11/13
4 EXPENDITURE TOTALS	Reimbursements to Others	\$	
	Food & Beverages	\$	
	Transportation & Lodging	\$	
	Gifts	\$	
	Entertainment	\$	
	Awards & Mementos	\$	
	Honorariums	\$	
	Made for the Attendance of Council Members at Charitable Events or Fundraisers	\$	
	Media Communications	\$	
Payments to Persons Assisting with Media Communications (Political Strategists, Pollsters, Consultants, etc.)	\$		

Austin Lobby Quarterly Activity Report Termination Notice
Lobbyist Quarterly Activity Report

1 LOBBYIST NAME Erwin, Gay	2 LOBBYIST ID 00090635	3 Total pages Schedule Report Termination: Sch: 1/1 Rpt: 12/13
4 TERMINATING REPORT	<input type="checkbox"/> Terminate your registration with this activity report	

Austin Lobby Quarterly Activity Report File Declaration-Lobbyist
Lobby Activity
AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the facts provided in this report are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code Chapter 4-8.

I understand that pursuant to Section 4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Gay Erwin

Signature of Filer